## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

C	ED LIAB OMPAN' STATEM	Y (		S	DEPART Secretary SION OF CO	of S		01	FILED 3 SEP -2 AH			
DOCUMENT # L05000070749  1. Limited Liability Company's Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
CND LLC									CR2E041 (			
2. Principal Office Address - No P.O. Box# 3. Mailing Off						fice Address			Olacoti (1801)			
610 SW Duckett Court				610 SW Duckett Court				4. State/Coun	try of Formation			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				Florida  5. Date Organized or Qualified To Do Business in Florida 07/43/05				
City & State City & State								07/12/05				
Lake City				Lake City			6. FEI Number Applied For Not Applicable					
Zip	Country		Zip		Coun	try	7.		\$5.00 Add	itional Fee required		
32024	USA		32024		USA	\	APPRICIONATE OF STATUS DESIGNED 1		rtificate of Status			
8. Name and Address of Current Registered Agent												
Name								A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.				
Chris Dampier Street Address (P.O. Box Number is Not Acceptable)												
610 SW Duckett Court												
Suite, Apt. #, Etc.												
City Lake City						State Zip Code 32024						
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.												
Signature of									7/30/10			
Registered Agent BESISTERED AGENT MUST SIGN									Date //	/		
<b>10.</b> Name	es and Street	Addresses	of Managing Mer	mbers/Managers	i				••			
Titles	Name of Managing Members/Managers				Street Address of Each Managing Member/Manag			ch ager	City / State / Zip			
MGRM	Columbia Investment Properties,LLC				1353 SE Loquat Way				Lake City,Florida 32025			
				<u> </u>				······································	Fri 5357	1-2-2-		
	DENIGRATE							08/01/0801048001 **516.25				
REINSTATEMENT _2006-						2008				<del></del>	····	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.												
Signature of Managing Member/Manager Date 7/30/08 Daytime Phone # 380-807-5000												
Typed or printed name of signing Managing Member/Manager Columbia Investment Properties-KARENA Jureus												